

**DECLARATION
Utility Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHOD AND SYSTEM FOR SECURE CASHLESS GAMING** the specification of which

(Check One)

☐
☒

is attached hereto OR
was filed on December 3, 1999 as United States Application Serial No. 09/456,021 or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

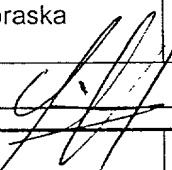
Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

Send Correspondence to: Christopher A. Vanderlaan	LYON & LYON LLP 633 W Fifth St., Suite 4700 Los Angeles, CA 90071	Direct Telephone calls to: Christopher A. Vanderlaan
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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Philippe	MIDDLE Initial A.	LAST Name Charrin	
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	POST OFFICE ADDRESS	11356 Nebraska Avenue	City Los Angeles	State or Country CA	Zip Code 90025
INVENTOR'S SIGNATURE 				DATE 2/4/2000	
202	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____				DATE _____	
203	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____				DATE _____	
204	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____				DATE _____	
205	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____				DATE _____	
206	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____				DATE _____	

**POWER OF ATTORNEY
AND REVOCATION OF PREVIOUS POWERS
By Assignee**

Smart Card Integrators, Inc., assignee(s) of the application for United States Letters Patent for

METHOD AND SYSTEM FOR SECURE CASHLESS GAMING

by Philippe A. Charrin,

the specification of which:

- ☐ is filed herewith, OR
☒ was filed on **December 3, 1999**, having U.S. Patent Application Serial No. **09/456,021**

does revoke all previous powers of attorney or authorizations of agent given in the above-identified patent application, and hereby appoints as its attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, those associated with the following customer number:



29000

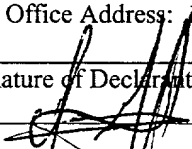
PATENT & TRADEMARK OFFICE

Please send all inquiries to **Christopher A. Vanderlaan**, (310) 203-7906, at the above-identified address.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

- ☐ is filed for recordation herewith; or
☒ was recorded at Reel **10690**, Frame **881**, or
☐ has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

Full Name of Assignee: <u>Smart Card Integrators, Inc.</u>	
Post Office Address: 1380 West Washington Boulevard, Los Angeles, California 90007	
Signature of Declarant or Assignee: 	Date: MAY 8, 2001
Full Name of Declarant If Other Than Assignee: Philippe A. Charrin	
Title of Declarant: Chief Operating Officer	
Address of Declarant: : 1380 West Washington Boulevard, Los Angeles, California 90007	